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Country programme recommendation**

Yemen

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Yemen for the period 2002 to 2006 in the amount of $18,855,000 from regular resources, subject to the availability of funds, and $20,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. Yemen has a gross national product per capita of $350 and a population of about 17.5 million, 80 per cent of whom live in rural areas. Despite social progress over the past decade, the situation of children and women remains worrying. Most goals of the World Summit for Children have not been achieved. Infant and under-five mortality rates (IMR and U5MR), the maternal mortality ratio (MMR) and total fertility rates remain very high. From 1970 to 1999, primary school attendance increased from 22 to 59 per cent and health service coverage from 10 to 45 per cent.

2. Since the 1990 unification of the north and the south, the country has had to deal with the merging of two different political and administrative systems, the effects of the Gulf war and the 1994 civil war. Yemen also hosts some 62,000 refugees, mainly from Somalia. The country has been implementing a structural adjustment and economic reform programme since 1995. The Government is committed to increasing health and education spending. Parliament is expected to pass a Unified Children's Law in 2001. An ambitious decentralization programme, initiated in 2001 with the election of local councils, has raised expectations for improved basic services and transfer of authority and resources to subnational levels.

3. Most indicators show large gender and geographic disparities, as indicated by Education Ministry statistics and the 1997 Demographic and Health Survey (DHS). These include: net primary school attendance (40 per cent for girls and 75 per cent for boys); literacy (23 per cent for women and 66 per cent for men); the use of improved sanitation facilities (92 per cent for urban areas and 34 for rural areas); and access to health and other services. Diminishing water resources, particularly in cities, are reaching crisis proportions. One third of the rural population do not have access to safe water.

4. Diarrhoeal diseases, acute respiratory infections (ARI) and malaria are the principal causes of child mortality and morbidity. Immunization coverage rates have risen dramatically from below 50 to over 70 per cent during the last three years. Much progress has been made towards the goal of polio eradication, but Yemen still has some way to go before being certified as polio free. One suspected case of polio is currently under investigation. Child malnutrition rates are unacceptably high (46 per cent). Surveys conducted in parts of the country have shown a high prevalence of vitamin A deficiency and iron deficiency anaemia, the latter as high as 74 per cent among children one to six years old in some districts. A national salt iodization programme reduced the total goitre rate from 32 per cent in 1997 to 16 per cent in 1999. The number of reported HIV/AIDS cases is 806, but there is significant under-reporting.

5. The large gender gap in primary education is due to many reasons: concerns about girls' contacts with men and boys; a shortage of women teachers; the lack of separate school sanitation facilities; parents' perceptions and the priority given to boys' education; the distance to schools in rural areas; and the costs of uniforms and school supplies. There is a shortage of classrooms and schools, and existing ones are often in poor condition. Textbook production meets only one half of the needs, and distribution systems are inadequate, especially in rural areas. Irregular supervision of teachers and teacher absenteeism are major problems.

6. The Government is committed to involving women in the national development process and increasing their literacy rate. Women's political participation is slowly increasing. The National Women's Committee has recently

been reactivated, and issues such as violence against women are being discussed more openly. However, major efforts are still needed to bridge the gender gap.

7. The plight of children in need of special protection has drawn increased attention in recent years. The Government is committed to starting a social work programme for such children, eliminating child labour and addressing juvenile justice, but national capacities are weak in these areas.

Programme cooperation, 1999-2001

8. The 1999-2001 country programme (E/ICEF/1998/P/L.33) adopted a longer-term developmental approach that paralleled the efforts of the Government to consolidate its political system and stabilize the economy through a structural adjustment programme. A number of important achievements were made during this cycle. Considerable progress was made towards passing a Unified Children's Law that brings Yemen's legislation into conformity with the Convention on the Rights of the Child. National Immunization Days for polio eradication, which included vitamin A supplementation, reached over 95 per cent of children. Immunization coverage rates rose steadily from 53 per cent in 1995, to 68 per cent in 1998 and 76 per cent in 2000. Initiatives to eliminate maternal and neonatal tetanus and control measles were launched. With UNICEF support, the Government adopted the Integrated Management of Childhood Illness (IMCI) strategy and initiated a programme to strengthen emergency obstetric care. UNICEF remained an active partner of the Government in implementing the health sector reform strategy.

9. In education, advocacy led to changes in both government and donor policies, which now give increased priority to basic education. The Government has allocated a budget for the recruitment of 2,000 female teachers annually, which will contribute to increasing girls' enrolment ratios. The Government also passed a new basic education law with provisions and incentives to attract female teachers to rural postings. UNICEF provided assistance to the Government on a number of sector-wide issues, including teacher training, monitoring of learning achievement and improvement of teacher supervision.

10. The area-based programme expanded in scope and continued to be effective in mobilizing communities and subnational authorities in the areas of primary health care (PHC), education, safe water supply and women's life skills training. For example, from 1998 to 2001, access to safe water was increased in 12 districts by 24 per cent. Some 310 primary school classrooms became fully operational, well managed and capable of providing quality education to 8,500 pupils. Water, health and education committees were established at the village level to plan and manage projects. UNICEF presence in the selected districts has created a highly cooperative environment in which further sectoral interventions can be developed and implemented in an integrated way.

11. A programme to assist children in need of special protection started in 1999. Important beginnings were made in developing national capacities and improving juvenile justice. Initiatives led to the removal of all children under the age of 15 years from jails in Aden, Yemen's second largest city, and some 60 children from the central prison in Sana'a. UNICEF also assisted the Government in consolidating its community-based rehabilitation programme for children with disabilities and strengthening its relations with non-governmental organizations (NGOs) working in this area.

12. The advocacy, communication and social mobilization programme implemented a training programme for interpersonal communicators that focused on child rights and *Facts for Life* themes. Partnerships with the Ministry of Religious Affairs, the National Centre for Health Education, and national television and radio stations led to the production and dissemination of key messages and to social mobilization campaigns for polio eradication, measles control and the elimination of maternal and neonatal tetanus. A pilot children's participation project was initiated, but it is still too early to judge its impact.

13. The 1999-2001 country programme was prepared with the expectation of some $30 million in additional World Bank funding for subnational projects in health, nutrition, education, early childhood care (ECC) and water supply. The funding only materialized in the last year of the cycle and, as a result, the programme fell short of its objectives in a number of areas. Quantities of oral rehydration salts produced or procured remained inadequate. Efforts to reduce maternal mortality were limited. Activities to address child malnutrition and introduce ECC at the community level were largely unimplemented. The area-based programme could only be expanded from two to three governorates, although nine had been originally planned.

Lessons learned from past cooperation

14. The lessons learned from previous cooperation remain essentially the same as those described in the country note. The previous country programme addressed a broader range of child rights issues than past cycles. It achieved concrete results through its area-based programme — an approach consistent with the government's decentralization policy. Nationwide, UNICEF support to immunization, polio eradication, measles control, the elimination of maternal and neonatal tetanus, vitamin A supplementation, salt iodization and girls' education led to positive results.

15. More efforts, however, are required to share district- and community-level experience with national task forces on health and education sector reform, and to expand the UNICEF role in these processes. It was also found that several programme and project objectives had been overly ambitious. Some activities were too dispersed and poorly linked to objectives. The programme also needs to strengthen mechanisms for assessing programme progress and impact, monitoring the situation of children and women, and ensuring efficient planning.

16. The Government and UNICEF are in agreement that the 2002-2006 country programme should continue to address the same programmatic areas and employ the same strategy. The use of multisectoral and convergent approaches, in close collaboration with communities and sectoral partners, is especially important. Cooperation has been strengthened with many partners. Especially noteworthy is the major investment made in developing a joint child development project with the Government and the World Bank, with some $22 million to be channelled through UNICEF from International Development Association funds.

Recommended programme cooperation, 2002-2006

Regular resources: $18,855,000

Other resources: $20,000,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	5 100	5 500	10 600
Basic education	3 100	3 500	6 600
Child protection	1 800	2 500	4 300
Area-based programme	6 155	6 500	12 655
Advocacy, communication and social mobilization	1 000	1 000	2 000
Planning, monitoring and evaluation	900	1 000	1 900
Cross-sectoral costs	800	-	800
Total	**18 855**	**20 000**	**38 855**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

17. The Ministry of Planning and Development coordinated the new country programme preparation process, in conjunction with other ministries and partner organizations. A series of sectoral meetings were organized to review past programme performance and discuss and agree upon the different programme components. Draft objectives and strategies were then developed jointly.

18. The development of the new country programme took place in parallel with the finalization of the Common Country Assessment (CCA) and the preparation of the United Nations Development Assistance Framework (UNDAF), which is close to completion. The country programme's goals and objectives are consistent with those of the UNDAF. The latter addresses the need to strengthen girls' education; empower women though life skills training and income generation; improve reproductive health; support the government's decentralization programme; and establish a sound national monitoring and evaluation system to strengthen planning, and assess and measure the country's human development situation. The country programme includes interventions in all of these areas, where increased inter-agency collaboration is foreseen. Cycles between United Nations agencies in Yemen will be harmonized from 2002.

Country programme goals and objectives

19. Based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the country programme will support the realization of the rights of children and women through reducing IMR, U5MR and MMR, and improving the well-being of the most

disadvantaged children and women. Thus, the country programme will contribute to Yemen's national development goals, which are to reduce IMR and U5MR to 55 and 74 per 1,000 live births, respectively, by 2005; reduce MMR to 75 per 100,000 by 2025; and increase the primary school gross enrolment ratio to 82 per cent by 2005. The country programme aims to support the Government in implementing the two Conventions. It seeks to increase parental and societal knowledge of practical actions at household and community levels for improving child survival, development and protection.

Relation to national and international priorities

20. The country programme will operate within the framework of the National Development Plan (2001-2005), the Government's poverty reduction strategy and its Year 2025 Vision. Conformity with government perspectives was sought during programme development. The programme also reflects the findings of the situation analysis, the CCA, the Education for All assessment, government sectoral strategy papers, the periodic report on implementation of the Convention on the Rights of the Child, and the Concluding Observations of the Committee on the Rights of the Child. The World Summit for Children goals remain important, since Yemen's end-decade report showed that many were not achieved. The programme also incorporates the organizational priorities of the UNICEF medium-term strategic plan.

Programme strategy

21. The programme strategy remains essentially the same as described in the country note. Key programme strategies include participating in the sector reform process; advocating for and supporting appropriate policies; building capacities at all levels; providing basic social services and improving service quality through the area- and community-based approach; and providing the knowledge, skills and support necessary at family and community levels for child survival, development and protection. The programme of cooperation comprises six programmes. Within each programme, policy development will be supported at the national level, while selective field interventions will converge with those of the area-based programme, which will cover 30 districts in 9 governorates.

22. **Health and nutrition**. This programme will contribute to improving the efficiency and equity of the health system, as well as the quality and accessibility of essential services for maternal and child health (MCH) and nutrition. It will support service expansion, capacity-building and empowerment of selected communities in key programmatic areas. The programme comprises four projects.

23. The expanded programme on immunization project aims to raise and maintain child immunization coverage above 90 per cent, eradicate polio, and eliminate maternal and neonatal tetanus by 2006. Among children under five years old, it will seek to reduce by 70 and 50 per cent, respectively, the numbers of measles cases and measles-related deaths. The project will continue to strengthen surveillance efforts and support the training of health workers on immunization.

24. The IMCI project will seek to support implementation of appropriate national policies on childhood illnesses. In the 30 districts, it will also aim to reduce the case fatality ratios for diarrhoeal diseases, ARI and malaria by 25 per cent among

children under five years old by 2006. The project will focus on continuing policy dialogue and advocacy for IMCI to be a central element of health sector reform; improving case management skills of health workers; empowering communities and families with essential information and knowledge for behavioural change; and providing essential supplies and equipment.

25. The safe motherhood project will contribute to the national goal of raising the percentage of deliveries attended by trained health workers from 22 to 50 per cent by 2006. It will also aim to ensure emergency obstetric care services in 80 per cent of PHC facilities in the 30 selected districts. The project will support the training of health workers; provide supplies and equipment for health facilities; and develop an educational package on safe motherhood for school-age girls, which will also include information on reproductive health and sexually transmitted diseases, including HIV/AIDS. Support will be given to vitamin A and iron tablet supplementation for women of child-bearing age, the development of policies for proper prenatal and neonatal care, and the development of a referral system for complicated deliveries.

26. The nutrition project will aim to assist the Government in developing nutrition policies and strategies to combat protein-energy malnutrition and micronutrient deficiencies. Results from the community-based nutrition project in the area-based programme will be used in advocacy and strategies for tackling malnutrition at the national level. This project will also contribute to the national goals of maintaining a vitamin A supplementation coverage rate of at least 90 per cent; reducing the prevalence of vitamin A deficiency and iron deficiency anaemia by 30 per cent from 2001 levels; and increasing the household consumption rate of iodized salt to 80 per cent.

27. **Basic education**. This programme, comprising one project, will aim to increase access to basic education, especially for girls; improve the quality of teaching and learning; and strengthen management capacity within the sector. UNICEF will assist the Government in developing a textbook policy and in designing measures to increase the availability of primary-level textbooks and learning aids. UNICEF will continue to support the training of female teachers and refresher training on a national scale, including the testing and adoption of new teaching methodologies. The project will also support institutional capacity-building for planning and monitoring, including the monitoring of learning achievement. To improve the ability of children to learn, an appropriately paced and sequenced instructional programme and effective instructional materials will be developed. Activities will converge with those supported through the area-based programme.

28. **Child protection**. This programme will provide support for developing improved policies and legislation on child protection, setting standards and monitoring, and strengthening national capacities. The programme comprises two projects. The first project on national framework and capacity-building for children in need of special protection will support efforts to harmonize national legislation with international standards pertaining to child protection; train and sensitize care providers, judicial and law enforcement officials; and assist the Government in developing a national information base on children in need of special protection. Special attention will be given to a programme for training social workers from the Government and NGOs.

29. The project on pilot child protection initiatives will assist the Government and NGOs to expand services for street children, working children, children and women in conflict with the law, and children from socially marginalized groups. UNICEF

will support approaches that increase the access of such children to mainstream services.

30. **Area-based programme**. The objective of this programme will be to improve child survival and development, as defined by criteria in its seven projects, through a community-based, decentralized programming approach that strengthens local capacities to effectively plan, implement and monitor multisectoral and convergent project interventions. The programme will support the realization of children's and women's rights and the attainment of all national-level sectoral objectives in 30 selected districts. Participatory assessments and planning exercises will be undertaken and area-specific targets set. The synergy achieved through convergence is expected to result in greater impact, more efficient use of resources and greater improvement of indicators in the selected districts. Thus, the area-based programme will provide a minimum package of essential basic services, involve local communities and authorities in their design and management, and strengthen subnational institutions.

31. The participatory planning project will empower communities to plan and supervise project implementation, and strengthen the capacities of governorate and district-level government partners to monitor programme implementation. This will involve the formation of village committees, the preparation of village-level plans, support to government partners in field monitoring, and periodic reviews of programme progress in districts and governorates.

32. The district health systems project aims to increase access to a first-level health facility by at least 10 per cent in the 30 selected districts. It will ensure that in each district, a district health management team is operational and all health facilities are adequately staffed and equipped and provide correct case management. Health facilities will be co-managed by communities and the Government, and cost-sharing systems will be introduced, this being consistent with health sector reform strategy.

33. The community-based nutrition project aims to reduce severe malnutrition among children under five years of age in the 30 districts by at least 20 per cent, and ensure regular growth monitoring for at least 70 per cent of children under three years of age in these districts. Remedial health and nutrition support will be provided for children showing faltering growth. The project will aim to achieve national micronutrient goals within the 30 districts.

34. The community water supply and sanitation project aims to increase access to safe drinking water by at least 25 per cent in the intervention areas, and to ensure access for all communities in the 30 districts to information on hygiene and safe sanitation practices. Community members will be trained and empowered to manage and maintain water and sanitation schemes in rural areas. Cost-sharing systems will be implemented to cover operational and maintenance expenses.

35. The community schools project will seek to increase girls' net enrolment ratio in grades one to six by at least 20 per cent in all 30 districts, and to improve the quality of teaching and learning in rural primary schools in these districts. Activities will include training of headmasters, supervisors and teachers; support to classroom supervision and periodic teachers' meetings; strengthening of the role of communities and parents in school management; low-cost classroom rehabilitation; and the provision of classroom furniture and school kits. The project will also support textbook distribution to enable students to receive their books on time.

District-level education management databases will be set up to facilitate project planning and monitoring.

36. The community-based early childhood care and development project aims to provide parents, families and communities in at least six districts with information and knowledge to raise awareness, upgrade skills and improve practices related to ECC. The project will support the development of community-based systems for ECC in these districts.

37. The women's empowerment and life skills project will seek to reach at least 17,000 women of child-bearing age in the 30 districts with basic literacy and life skills education, including training on production and marketing skills. The courses will be organized in collaboration with local womens' associations. The project will also aim to facilitate access to microcredit for at least 10 per cent of all women who complete basic literacy and life skills courses. Women's development committees will be established and trained on management and group lending systems to effectively manage and administer microcredit.

38. **Advocacy, communication and social mobilization**. This programme comprises two projects. The promotion of children's and women's rights project will support efforts to harmonize national legislation with the two Conventions, strengthen national capacity to report on the implementation of these Conventions, and build the capacity of media and other partners for promoting children's and women's rights. The project will increase awareness of children's and women's rights among policy makers, legislators, civil society organizations, communities, parents, youth and children, and support efforts to integrate these rights into policies and programmes.

39. The communication for behavioural results project will support the achievement of country programme objectives through behaviour change by strengthening the capacity of key communication agents, such as imams, youth groups, women's associations and other interpersonal communicators. Increasing knowledge and awareness of HIV/AIDS will be one priority. Activities will include formulating and implementing social mobilization and communication plans; supporting the production of information, education and communication material; establishing district-level networks of interpersonal communicators; supporting youth groups to be effective communication agents; and building the capacities of national television, radio and the Ministry of Endowment.

40. **Planning, monitoring and evaluation**. This programme will assist the Government in monitoring the situation of children and women in the country and identifying disparities. This will be done through strengthening national and local monitoring systems, and enabling them to generate and analyse reliable data that can be used for policy development. Government and donor expenditure will also be monitored and the application of the 20/20 Initiative promoted. This programme will also support the monitoring and evaluation components of all other programmes.

41. **Cross-sectoral costs** will cover programme implementation expenses not attributable to individual programmes, such as salaries and related expenses of certain programme and operations staff not included in the support budget.

Monitoring and evaluation

42. A five-year integrated monitoring and evaluation plan (IMEP) will be used as a framework for monitoring and evaluation of sectoral programmes as well as the

overall country programme. The IMEP will be updated on a periodic basis following reviews of progress towards programme and project objectives. The IMEP provides for a mid-term review of the programme in 2004 and an end-of-cycle review in 2006. Programme implementation at both national and subnational levels will be monitored closely. Reports on process indicators will be developed and produced on a quarterly basis.

43. Baseline surveys will be carried out in the districts covered by the area-based programme at the beginning, mid-term and end-of-programme cycles. These surveys will generate data for assessing programme impact. The surveys will follow the standards of the UNICEF multiple indicator cluster survey and the DHS, and will also serve as the basis on which to evaluate the joint child development project with the Government and the World Bank.

Collaboration with partners

44. The Government and its respective ministries remain the main partners of UNICEF in the implementation of the country programme. The Higher Council for Motherhood and Childhood, comprising all relevant ministries in its Executive Committee, will continue to be a major partner. Implementation of the area-based programme will emphasize collaboration with the newly established local councils at the district level and the concerned authorities at the governorate level.

45. The formulation of an UNDAF has strengthened inter-agency collaboration. Thematic working groups will be created or continued on basic education, women's empowerment, reproductive health, local governance and decentralization, and policy analysis, monitoring and evaluation. UNICEF will continue to work with the World Health Organization on MCH; with the United Nations Development Programme on poverty alleviation; with the United Nations Population Fund on safe motherhood; with the Food and Agriculture Organization of the United Nations and the World Food Programme on nutrition; with the United Nations Educational, Scientific and Cultural Organization on basic education; and with the International Labour Organization on child labour. Collaboration with the World Bank will be particularly close in the implementation of the child development project, and in the development of policies, strategies and new projects in the health and education sectors. Through coordination mechanisms and direct contacts, UNICEF will maintain dialogue with donors and other organizations, including the European Union; the Governments of Canada, Germany, Japan, the Netherlands and Norway; the United States Agency for International Development, and a number of national and international NGOs working in Yemen. Increased collaboration with universities is foreseen in social protection, ECC and IMCI.

Programme management

46. The Ministry of Planning and Development will be responsible for the overall coordination of the country programme. Annual project work plans will be developed jointly by UNICEF and the relevant line ministry. Programme progress will be reviewed twice a year. Meetings will also be organized at the governorate level to assess progress of the area-based programme. Quarterly meetings with a governmental steering committee will be held to approve work plans and review implementation of the child development project. UNICEF will also participate in regular consultations with the Government through its participation in the UNDAF Oversight Committee.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Yemen	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	117	(2000)	High U5MR
Infant mortality rate	85	(2000)	High IMR
GNP per capita	$ 360	(1999)	Low Income
Total population	17.5 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	336	424	604	926
Infant deaths (under 1)	(thousands)	65	57	59	79
Under-five deaths	(thousands)	102	87	86	108
Under-five mortality rate (per 1,000 live births)		303	205	142	117
Infant mortality rate (under 1) (per 1,000 live births)		194	135	98	85

		About 1990	Most recent
Underweight children (under 5)	Moderate & severe	30	46
(% weight for age, 1991-92/1997)	Severe	4	15
Babies with low birth weight (%, 1990)		19	..
Primary school children reaching grade 5 (%, 1990/1998)		85	74

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1992/1997)	15	25
Timely complementary feeding rate (6-9 mos.) (%, 1992/1997)	51	79
Continued breast-feeding rate (20-23 mos.) (%, 1992/1997)	33	41
Prevalence of wasting (0-59 mos.) (%, 1991-92/1997)	13	13
Prevalence of stunting (0-59 mos.) (%, 1991-92/1997)	44	52
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	100
Household consuming iodized salt (%, 1993/1997)	0.0	39

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1997)		..	35
Routine EPI vaccines financed by government (%, 1999)		..	38
Use of improved drinking water sources	Total	..	69
(% of population, 2000)	Urban/rural	../..	74/68
Use of improved sanitation facilities	Total	32	38
(% of population, 1990/2000)	Urban/rural	69/21	89/21
Births attended by trained personnel (%, 1992/1997)		16	22
Maternal mortality rate (per 100,000 live births, 1997)		..	350

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	14	24	95	60	78
	DPT	3	12	84	44	72
	Polio	3	12	84	44	72
	Measles	4	13	69	46	74
Pregnant women (%) immunized against:	Tetanus	..	..	..	..	..

TABLE 1 (continued)

Yemen

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1993/1998, 1992/1997)	Total	0.8 / 57	68 / 58
	Male	0.9 / 79	89 / 75
	Female	0.8 / 34	45 / 40
Secondary enrolment ratio (gross/net) (%, 1993/1996)	Total	23 / ..	34 / ..
	Male	36 / ..	53 / ..
	Female	8 / ..	14 / ..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	33	46
	Male/female	55 / 13	67 / 25
Radio/television sets (per 1,000 population, 1990/1997)		27 / 26	64 / 29

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)		6332	8219	11590	17620	18349
Population aged 0-18 years	(thousands)		3118	4727	6468	9826	10295
Population aged 0-5 years	(thousands)		1159	1658	2303	3760	3909
Urban population (% of total)			13.3	19.2	22.8	24.3	24.4
Life expectancy at birth (years)	Total	41	47	54	60	61	
	Male		41	46	54	59	59
	Female		41	47	55	61	62
Total fertility rate			7.6	7.6	7.6	7.6	7.6
Crude birth rate (per 1,000 population)			53	52	52	51	50
Crude death rate (per 1,000 population)			23	19	13	9	9

		About 1990	Most recent
Contraceptive prevalence rate (%, 1991-92/1997)		7	21
Population annual growth rate (%, 1970-90/1990-99)	Total	3.0	4.6
	Urban	5.7	5.4

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1990-99)		..	-1.6
Inflation rate (%, 1990-98)		..	24
Population below $1 a day (%, 1990-99)		..	5
Household income share (%, 1992)	Top 20%/bottom 40%	46/17	../..
Government expenditure (% of total expenditure, 1999)	Health/education	../..	4/22
	Defense	..	19
Household expenditure (% share of total)	Health/education	../..	../..
Official development assistance: (1990/1998)	$US millions	390	310
	As % of GNP	..	7
Debt service (% of goods and services exports, 1990/1997)		7	2

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1999-2001 a/

COUNTRY: YEMEN
LATEST BOARD APPROVAL: 1998
REGULAR RESOURCES: $ 8,011,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned	Actual	Planned	Actual	Planned
Health and nutrition	1,371	1,607	408	0	316	1	529	318	2,217	2,530	1,926	9,450	4,143	11,980
Basic education	0	25	0	0	277	14	207	410	483	1,285	449	6,905	932	8,190
Child protection	58		360	0	21	0	283	0	362	454	0	3,190	362	3,644
Area-based programme	787	1,227	420	0	494	0	467	444	1,749	2,242	1,671	20,975	3,420	23,217
Advocacy, communication and social moblization	28	0	0	0	51	0	277	0	356	345	0	1,750	356	2,095
Planning, monitoring and evaluation	61	-3	3	0	44	0	232	89	340	810	86	2,100	426	2,910
Cross-sectoral costs	164	0	3	0	163	0	69	0	235	345	0	1,330	235	1,675
GRAND TOTAL	2,469	2,856	1,194	0	1,366	15	2,064	1,261	5,742	8,011	4,132	45,700	9,874	53,711

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: YEMEN
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
HEALTH & NUTRITION	RR	1,000,000	1,010,000	1,030,000	1,030,000	1,030,000	5,100,000
	OR	950,000	1,000,000	1,100,000	1,200,000	1,250,000	5,500,000
	TOTAL	1,950,000	2,010,000	2,130,000	2,230,000	2,280,000	10,600,000
BASIC EDUCATION	RR	550,000	600,000	650,000	650,000	650,000	3,100,000
	OR	650,000	675,000	700,000	725,000	750,000	3,500,000
	TOTAL	1,200,000	1,275,000	1,350,000	1,375,000	1,400,000	6,600,000
AREA-BASED PROGRAMME	RR	987,000	1,117,000	1,388,000	1,339,000	1,324,000	6,155,000
	OR	1,400,000	1,500,000	1,300,000	1,200,000	1,100,000	6,500,000
	TOTAL	2,387,000	2,617,000	2,688,000	2,539,000	2,424,000	12,655,000
ADVOCACY, COMM. & SOC. MOBILIZ.	RR	170,000	200,000	210,000	210,000	210,000	1,000,000
	OR	200,000	200,000	200,000	200,000	200,000	1,000,000
	TOTAL	370,000	400,000	410,000	410,000	410,000	2,000,000
PLANNING, MONITORING AND EVAL.	RR	160,000	170,000	180,000	190,000	190,000	900,000
	OR	200,000	200,000	200,000	200,000	200,000	1,000,000
	TOTAL	360,000	370,000	390,000	390,000	390,000	1,900,000
CHILD PROTECTION	RR	350,000	355,000	360,000	365,000	370,000	1,800,000
	OR	500,000	500,000	500,000	500,000	500,000	2,500,000
	TOTAL	850,000	855,000	860,000	865,000	870,000	4,300,000
CROSS-SECTORAL COSTS	RR	143,000	150,000	159,000	169,000	179,000	800,000
	OR						
	TOTAL	143,000	150,000	159,000	169,000	179,000	800,000
TOTAL, PROGRAMME BUDGET	RR	3,360,000	3,602,000	3,987,000	3,953,000	3,953,000	18,855,000
	OR	3,900,000	4,075,000	4,000,000	4,025,000	4,000,000	20,000,000
	TOTAL	7,260,000	7,677,000	7,987,000	7,978,000	7,953,000	38,855,000
STAFF COSTS a/		655,418	693,863	730,985	770,635	794,576	3,645,477
GENERAL OPERATING COSTS		259,000	281,000	301,000	301,000	301,000	1,443,000
TOTAL, ESTIMATE SUPPORT BUDGET		914,418	974,863	1,031,985	1,071,635	1,095,576	5,088,477
GRAND TOTAL		8,174,418	8,651,863	9,018,985	9,049,635	9,048,576	43,943,477

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

COUNTRY : YEMEN
PROGRAMME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH & NUTRITION	5,100,000		5,100,000	0	0	0	1	0	0	1	2	2	5	760,274	419,724	1,179,998
BASIC EDUCATION	3,100,000		3,100,000	0	0	0	1	0	0	1	1	1	3	760,274	251,757	1,012,031
AREA-BASED PROGRAMME	6,155,000		6,155,000	0	0	0	2	0	0	2	8	12	22	1,520,548	1,812,658	3,333,206
ADVOCACY, COMM. & SOC. MOBILIZ	1,000,000		1,000,000	0	0	0	0	0	0	0	1	2	3	0	294,166	294,166
PLANNING, MONITORING AND EVAL.	900,000		900,000	0	0	0	0	0	0	0	1	1	2	0	216,941	216,941
CHILD PROTECTION	1,800,000		1,800,000	0	0	0	0	0	0	0	1	1	2	0	251,624	251,624
CROSS-SECTORAL COSTS	800,000		800,000	0	0	0	0	0	0	0	1	6	7	0	551,429	551,429
TOTAL RR	18,855,000		18,855,000	0	0	0	4	0	0	4	15	25	44	3,041,096	3,798,299	6,839,395
OTHER RESOURCES :																
HEALTH & NUTRITION		5,500,000	5,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION		3,500,000	3,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
AREA-BASED PROGRAMME		6,500,000	6,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVOCACY, COMM. & SOC. MOBILIZ		1,000,000	1,000,000	0	0	0	1	0	0	1	0	0	1	760,274	0	760,274
PLANNING, MONITORING AND EVAL.		1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		2,500,000	2,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		20,000,000	20,000,000	0	0	0	1	0	0	1	0	0	1	760,274	0	760,274
TOTAL RR & OR	18,855,000	20,000,000	38,855,000	0	0	0	5	0	0	5	15	25	45	3,801,370	3,798,299	7,599,669
SUPPORT BUDGET	Operating costs		1,443,000													
	Staffing			0	1	1	1	0	0	3	2	8	13	2,647,025	998,452	3,645,477
GRAND TOTAL (RR + OR + SB)				0	1	1	6	0	0	8	17	33	58	6,448,395	4,796,751	11,245,146
Number of posts and staff costs:																
Current programme cycle										15	13	29	57			
At the end of proposed programme cycle (indicative only)										8	17	33	58	6,448,395	4,796,751	11,245,146

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.